



MARYLAND

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

UTILIZATION MANAGEMENT

POLICIES AND PROCEDURES

WEXFORD HEALTH SOURCES, INC.
UTILIZATION MANAGEMENT DEPARTMENT
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DRSCS-001635


ATTACHMENT A: REFERENCE LIST OF SITE-RELATED FORMS

| <u>Event / Type of Service</u> | <u>Form Number</u> | <u>Form Title</u> |
|--------------------------------|--------------------|--|
| Emergency Notification | UM-002A | Emergency/Hospitalization Form |
| Emergency Reporting | UM-002B | Medical Director QA Emergency Reporting Form |
| Hospitalization | UM-002A | Emergency/Hospitalization Form |
| Medical Infirmary | UM-004A UM-005A | Medical Infirmary Care Form Medical Infirmary Log |
| Mental Health Infirmary | UM-004B UM-005B | Mental Health Infirmary Referral Form Mental Health Infirmary Log |
| On-Site Consultation | UM-006A | On-Site Consultation Form |
| Off-Site Consultation | UM-006B | Off-Site Consultation Form |
| Certification of Service | UM-008A | Certification of Service Form |
| Pre-Certification | UM-009A | Pre-Certification Notification |
| Appeal Process | UM-008C | Approved/Non-Approved Form |
| Daily Activity | UM-011A | Daily Activity Report Form |
| On-Site Specialty Clinic | UM-011B | On-Site Specialty Clinic Log |



UTILIZATION MANAGEMENT
POLICIES AND PROCEDURES

TABLE OF CONTENTS

| | |
|---|-----------|
| UM-001 AFTER HOURS NOTIFICATION OF EMERGENCY/HOSPITAL ADMISSIONS | 1 |
| FORM: UM-002A – Emergency / Hospitalization Notification Form | 1 |
| UM-002 EMERGENCY/HOSPITALIZATION NOTIFICATION FORMS | 3 |
| FORM: UM-002A – Emergency / Hospitalization Notification Form | 3 |
| FORM: UM-002B – Medical Director QA Emergency Reporting Form | 3 |
| UM-003 DAILY INPATIENT COMMUNICATION | 5 |
| UM-004 INFIRMARY CARE | 6 |
| FORM: UM-004A – Medical Infirmary Care Form | 6 |
| FORM: UM-004B – Mental Health Unit Referral Form | 6 |
| FORM: UM-004C – Infirmary Care Guidelines | 6 |
| UM-005 INFIRMARY LOG | 9 |
| FORM: UM-005A – Medical Infirmary Log | 9 |
| FORM: UM-005B – Mental Health Infirmary Log | 9 |
| UM-006 REFERRAL REQUEST/COLLEGIAL REVIEW | 10 |
| FORM: UM-006A – On-Site Consultation Form | 10 |
| FORM: UM-006B – Off-Site Consultation Form | 10 |
| FORM: UM-006C – Approved/Non-Approved Form | 10 |
| UM-007 LAUNCH REPORT | 13 |
| FORM: UM-007A – Launch Report – Sample Form | 13 |
| UM-008 CERTIFICATION OF SERVICE | 14 |
| FORM: UM-008A – Certification of Service Form | 14 |
| UM-009 PRE-CERTIFICATION NOTIFICATION | 15 |
| FORM: UM-009A – Pre-Certification Notification Form | 15 |
| UM-010 CORRECTIONAL SITE APPEAL PROCESS | 17 |
| FORM: UM-006C – Approved/Non-Approved Form | 17 |
| UM-011 DAILY ACTIVITY REPORT (DAR) | 18 |
| FORM: UM-011A – Daily Activity Report | 18 |
| FORM: UM-011B – On-Site Specialty Clinic Log | 18 |
| ATTACHMENT A: REFERENCE LIST OF SITE-RELATED FORMS | 20 |



UTILIZATION MANAGEMENT
POLICIES AND PROCEDURES

UM-006 REFERRAL REQUEST/COLLEGIAL REVIEW

FORM: UM-006A – On-Site Consultation Form

FORM: UM-006B – Off-Site Consultation Form

FORM: UM-006C – Approved/Non-Approved Form

APPROVED BY:

Robert T. Smith, Utilization Management Medical Director

Approved Date: May 16, 2005

Revised Date: June 11, 2009

Annual Review
Date: June 11, 2009

SIGNATURE

PURPOSE

Wexford Health Sources, Inc. ensures all patients receive medically necessary, cost-effective and timely medical care at the appropriate level of service.

PROCEDURE

1. The Site Medical Director reviews all on-site and off-site consultation request forms (**On-Site Consultation Form, FORM UM-006A** and **Off-Site Consultation Form, UM-006B**) and determines the appropriateness of the request for collegial review.
2. Requests for certain on-site specialty services do not require a collegial review, such as optometry, ophthalmology, oral surgery, prenatal visits, dialysis, and infectious disease. However, the site personnel must submit the referral form to the Wexford UM Department (**On-Site Consultation Form, FORM UM-006A**).
 - a. On-site optometry, onsite ophthalmology, dental and oral surgery services do not require a referral form to be submitted.
 - b. On-site prenatal visits (including sonograms), screening mammograms, dialysis and infectious disease services will automatically be approved.
 - c. All other on-site services will be reviewed by the Wexford UM Medical Director and the UM Referral Nurse
 - d. Any lab or diagnostic testing in excess of \$200 must be authorized. (This does not include DPSCS-mandated labs for Hep C and HIV.)
 - e. All requests for DME such as special shoes, prosthesis, braces, etc must be approved and provided by CMS. Wexford assigns an authorization number with the provider listed as CMS Provider. The authorization is canceled as payment will be thru CMS. A report of DME is forwarded to CMS and DPSCS on a monthly basis.
 - f. If there are any questions regarding the medical necessity of the service, the Wexford UM Department will contact the site to arrange a collegial review.



UTILIZATION MANAGEMENT
POLICIES AND PROCEDURES

- g. All requests for onsite services must be documented by the requesting physician in EPHR. The onsite physician in turn will document their findings in EPHR if access is available.
3. For all off-site services, the Site Medical Director contacts the Wexford UM Physician for collegial review (**Off-Site Consultation Form, UM-006B**).
 - a. A collegial review schedule will be implemented. CMS provides Wexford with a list of cases to be discussed the day prior to the discussion.
 - b. The physicians discuss the inmate's condition and the appropriate plan of treatment.
 - c. The medical record is available to the site physician to provide information concerning the inmate's medical history.
 - d. The site scheduler and Wexford UM Nurse may also be involved in the collegial review.
4. The site completes the request form (**On-Site Consultation Form, FORM UM-006A** or **Off-Site Consultation Form, UM-006B**) and submits the completed form to the UM Department.
 - a. All request forms for services once approved, should be completed by the requesting physician and e-mailed via EPHR to pcasey2@dpscs.state.md.us at the Wexford UM Department. The CMS physician is to document the collegial discussion and decision in the EPHR.
 - b. The request form clearly defines the service and provider being requested (e.g., initial/follow-up, onsite, offsite, surgery, etc).
 - c. The site personnel faxes the completed request form to the Wexford UM Department (FAX: 412-937-9151) or submits the request and e-mails via EPHR to pcasey2@dpscs.state.md.us.
 - d. The Wexford UM Department processes all requests within five (5) business days from the date of collegial review.

NOTE: To prevent a delay in services, it is imperative that all applicable areas on the request forms are completed. The supporting documentation such as diagnostic reports, risk factors, current medications, height and weight, consultation reports, focused history and objective physician exam findings should be attached to the request form.
5. The request form is reviewed by the Wexford UM Department.
 - a. All requests subject to collegial review that were not addressed will be returned to the site for the Medical Director to discuss at the next appointed review.
 - b. InterQual criteria are reviewed.
 - c. The inmate's history is reviewed.



UTILIZATION MANAGEMENT
POLICIES AND PROCEDURES

- d. Any questions will be directed to the UM Physician for clarification.
6. The Collegial review is in place to ensure that the appropriate plan of care is in place. Alternate plans can be agreed upon in order to provide quality care. If the request is not mutually agreed upon during the collegial review discussion, the Wexford UM Department will stamp the request as "Non-Approved" and the Approval/Non-Approval Form (UM-006C) will be faxed to the site. The Non-Approval Form is to be reviewed by the Site Medical Director and documented in EPHR. An appeal of the decision can be initiated. (Refer to Wexford's policy, "Correctional Site Appeal Process," policy number UM-010 in this manual.)
7. If the request is approved, Wexford's UM Department assigns a reference number. Verification of the approved service is reflected on the Daily Launch Report. A pre-certification notification will be faxed to the site, if appropriate.
 - a. Scheduling services should be initiated as soon as possible in accordance to the medical vendors process.
 - b. The reference number is valid only for the specific service requested and the reference number is valid for ninety (90) days.
 - c. Any service not completed within ninety (90) days must be re-evaluated by the site physician and a new referral request must be submitted to Wexford's UM Department.

ASSOCIATED FORMS

FORM: UM-006A: On-Site Consultation Form

FORM: UM-006B: Off-Site Consultation Form

FORM: UM-006C: Approved/Non-Approved Form



UTILIZATION MANAGEMENT
POLICIES AND PROCEDURES

UM-010 CORRECTIONAL SITE APPEAL PROCESS

FORM: UM-006C – Approved/Non-Approved Form

APPROVED BY:

Robert T. Smith, Utilization Management Medical Director

Approved Date: May 16, 2005

Revised Date: June 11, 2009

Annual Review
Date: June 11, 2009

SIGNATURE

PURPOSE

Wexford Health Sources, Inc. will provide the Site Medical Director an opportunity to appeal a non-approved request.

PROCEDURE

1. The Site Medical Director is responsible for reviewing the non-approved request (Approval/Non-Approval Form, FORM UM-006C) and, as appropriate, identify additional clinical findings and documentation to support the request.
2. The Site Medical Director may discuss the additional information with the Wexford UM Physician or fax the request for a peer to peer discussion with supporting documentation to the Wexford UM Department.
3. If the decision is overturned, the reversal is noted by the Wexford UM Physician on the Collegial Review log and the referral is processed.
4. If the non-approval is upheld, the Site Medical Director may request another appeal of the determination by completing box 5 on the Approval/Non-Approval Form, FORM UM-006C.
5. The Wexford Corporate UM Medical Director will discuss the case with Maryland's State Medical Director and determine if the case needs a specialty expert panel review.
6. If consensus cannot be reached, the Maryland DPSCS Medical Director will make the final determination.

ASSOCIATED FORMS

FORM: UM-006C: Approval/Non-Approval Form

FAX COMPLETED FORM TO:
(412) 937-9151

MARYLAND DPSCS

OFF - SITE CONSULTATION FORM

NAME: _____ DOC #: _____ DOB: _____

REFERRAL TO: _____ SPECIALTY: _____

INSTITUTION: _____

ROUTINE: _____ URGENT: _____ TIMEFRAME: _____ DATE: _____

REFERRING HEALTH PROFESSIONAL MUST PROVIDE A SUMMARY OF FINDINGS/TREATMENT

REFERRING PHYSICIAN: _____

CONSULTANT NOTES:

CONSULTANT SIGNATURE: _____ DATE: _____

CONSULTANT: Patient should not be referred to another clinic, except in an emergency, for a different complaint without prior approval from the requestor at the Division of Correction. DO NOT INFORM THE INMATE OF THE DATE/TIME OF THE RETURN VISIT OR IMPENDING HOSPITALIZATION.

FAX COMPLETED FORM TO:
(412) 937-9151

WEXFORD HEALTH SOURCES, INC.

APPROVED/NON-APPROVED FORM

To: Utilization Management Dept., Site Medical Director & HSA

From: UM Physician

Date/Time:

Subject: Inmate Name:
Inmate Number:
Site/Service:

Based upon a review of the information provided, it is my medical opinion that:

1. ☐ The requested service is medically necessary and is **APPROVED**.
2. ☐ The requested service is not medically necessary and is **NON-APPROVED**.
3. ☐ The following **ALTERNATE PLAN** should be considered:

Comments:

-
4. ☐ Appeal Filed (Date/Time): _____

a. Appeal Information (attach additional sheet, if necessary:

Signature of Appellant

- b. Appeal **APPROVED**: _____ Date/Time: _____
Appeal **NON-APPROVED**: _____ Date/Time: _____

5. ☐ I want a second opinion of the non-approved appeal.
Signature: _____ Date/Time: _____
6. ☐ Case referred to Maryland DPSCS Medical Director for final determination.
Signature: _____ Date/Time: _____

The contents of this documented are to be considered confidential and handled accordingly.

UM-006C

DPSCS-001670